

## CHAPTER 2 ADDENDUM A

### BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

NOTE 1: The beneficiary payments in this attachment shall be applied through the end of FY 99. In subsequent fiscal years, beneficiary copayments (i.e., beneficiary payments expressed as a specified amount) and enrollment fees may be updated for inflation annually (cumulative effect applied and rounded to the nearest whole dollar) by the national CPI-U medical index (the medical component of the Urban Consumer Price Index). Beneficiary cost shares (i.e., beneficiary payments expressed as a percentage of the provider's fee) will not be similarly updated.

#### I. TRICARE PRIME PROGRAM ANNUAL ENROLLMENT FEES

Does not apply to the TRICARE Extra Program (Also see "Point of Service Option", paragraph IV., below.):

TRICARE PRIME PROGRAM		
ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS, ELIGIBLE FORMER SPOUSES & SURVIVORS
E1 - E4	E5 & ABOVE	
None	None	<b>\$230 per Retiree or Family Member</b> <b>\$460 Maximum per Family</b> EXCEPTION: Effective March 26, 1998, the enrollment fee is waived for those beneficiaries who are eligible for Medicare on the basis of disability or end stage renal disease and who maintain enrollment in Part B of Medicare.

#### II. TRICARE EXTRA PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime Program. (Also see "Point of Service Option".)

TRICARE EXTRA PROGRAM		
ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS
E1 - E4	E5 & ABOVE	
<b>\$50 per Individual</b> <b>\$100 Maximum per Family</b>	<b>\$150 per Individual</b> <b>\$300 Maximum per Family</b>	<b>\$150 per Individual</b> <b>\$300 Maximum per Family</b>

#### III. TRICARE STANDARD PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime or Extra Programs:

TRICARE STANDARD PROGRAM		
ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS
E1 - E4	E5 & ABOVE	
\$50 per Individual \$100 Maximum per Family	\$150 per Individual \$300 Maximum per Family	\$150 per Individual \$300 Maximum per Family

NOTE 2: These charts are not intended to be a comprehensive listing of all services covered under TRICARE. All care is subject to review for medical necessity and appropriateness:

NOTE 3: An eligible former spouse is responsible for payment of copayment/cost-sharing amounts identical to those required for beneficiaries other than family members of active duty members.

#### IV. OUTPATIENT SERVICES:

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
SEE NOTE 8: TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
INDIVIDUAL PROVIDER SERVICES Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.	For care provided prior to April 1, 2001, \$6 copayment per visit.  For care provided on or after April 1, 2001, \$0 copayment per visit.	For care provided prior to April 1, 2001, \$12 copayment per visit.  For care provided on or after April 1, 2001, \$0 copayment per visit.	\$12 copayment per visit.	Active Duty Family Members: Cost-share--15% of the fee negotiated by contractor.  Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	Active Duty Family Members: Cost-share--20% of the allowable charge.  Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.

IV. OUTPATIENT SERVICES: (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
SEE NOTE 8: TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
LABORATORY AND X-RAY SERVICES	For care provided prior to April 1, 2001, \$6 copayment per visit. (See Note 4:)	For care provided prior to April 1, 2001, \$12 copayment per visit. (See Note 4:)	\$12 copayment per visit. (See Note 4:)	Active Duty Family Members: Cost-share--15% of the fee negotiated by the contractor.	Active Duty family Members: Cost-share--20% of the allowable charge.
	For care provided on or after April 1, 2001, \$0 copayment per visit.	For care provided on or after April 1, 2001, \$0 copayment per visit.	No copayment (See Note 5:)	Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
ANCILLARY SERVICES Refer to Chapter 2, Section 1 for specific CPT code ranges	No copayment (See Note 5:)	No copayment (See Note 5:)			
NOTE 4: For dates of service prior to March 26, 1998, the contractor will not assess a copayment for these services if they are provided as part of an office visit for which a copayment was collected and if they are billed by the physician who provided the office visit. If, however, these services are performed by the office visit provider on a date different from the office visit or performed by a different provider such as an independent laboratory or radiology facility (even if performed on the same day as the related office visit) the beneficiary will owe a separate copayment for the services. Also, no copayment will be collected for these services when they are billed and provided as clinical preventive services to TRICARE Prime Enrollees.					
NOTE 5: For dates of service on or after March 26, 1998, under TRICARE Prime, services defined as “ancillary services” in Chapter 2, Section 1 require no copayment.					
ROUTINE PAP SMEARS Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology. (See Note 4:)	No copayment.	No copayment.	No copayment.	Active Duty Family Members: Cost-share--15% of the fee negotiated by the contractor.	Active Duty Family Members: Cost-share--20% of the allowable charge.
				Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.

IV. OUTPATIENT SERVICES: (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
SEE NOTE 8: TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
AMBULANCE SERVICES When medically necessary as defined in this Policy Manual and the service is a covered benefit.	For care provided prior to April 1, 2001, \$10 copayment per occurrence.  For care provided on or after April 1, 2001, \$0 copayment per occurrence.	For care provided prior to April 1, 2001, \$15 copayment per occurrence.  For care provided on or after April 1, 2001, \$0 copayment per occurrence.	\$20 copayment per occurrence.	Active Duty Family Members: Cost-share--15% of the fee negotiated by the contractor.  Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	Active Duty Family Members: Cost-share--20% of the allowable charge.  Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
EMERGENCY SERVICES Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	For care provided prior to April 1, 2001, \$10 copayment per emergency room visit.  For care provided on or after April 1, 2001, \$0 copayment per emergency room visit.	For care provided prior to April 1, 2001, \$30 copayment per emergency room visit.  For care provided on or after April 1, 2001, \$0 copayment per emergency room visit.	\$30 copayment per emergency room visit.		
DURABLE MEDICAL EQUIPMENT (DME), PROSTHETIC DEVICES, AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS (If dispensed for use outside of the office or after the home visit.)	For care provided prior to April 1, 2001, cost-share - 10% of the fee negotiated by the contractor.  For care provided on or after April 1, 2001, cost share is 0% of the fee negotiated by the contractor.	For care provided prior to April 1, 2001, cost-share - 15% of the fee negotiated by the contractor.  For care provided on or after April 1, 2001, cost share is 0% of the fee negotiated by the contractor.	Cost-share - 20% of the fee negotiated by the contractor.		

IV. OUTPATIENT SERVICES: (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
SEE NOTE 8: TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
<b>HOME HEALTH CARE</b> Part-time skilled nursing care, physical, speech & occupational therapy, medical supplies, DME, portable x-ray, and drugs when medically necessary and which are covered benefits.  NOTE: There is a single copayment for the home health visit and all related services and supplies.	For care provided prior to April 1, 2001, \$6 copayment per visit.  For care provided on or after April 1, 2001, \$0 per visit.	For care provided prior to April 1, 2001, \$12 copayment per visit.  For care provided on or after April 1, 2001, \$0 per visit.	\$12 copayment per visit.	<b>Active Duty Family Members:</b> Cost-share--15% of the fee negotiated by the contractor.  <b>Retirees, their Family Members &amp; Survivors:</b> Cost-share--20% of the fee negotiated by the contractor.	<b>Active Duty Family Members:</b> Cost-share--20% of the allowable charge.  <b>Retirees, their Family Members &amp; Survivors:</b> Cost-share--25% of the allowable charge.
<b>FAMILY HEALTH SERVICES</b> Family planning and well baby care (up to 24 months of age). The exclusions listed in this Policy Manual will apply.	For care provided prior to April 1, 2001, \$6 copayment per visit. (See Note 4:)  For care provided on or after April 1, 2001, \$0 copayment per visit	For care provided prior to April 1, 2001, \$12 copayment per visit. (See Note 4:)  For care provided on or after April 1, 2001, \$0 copayment per visit	\$12 copayment per visit. (See Note 4:)		
<b>OUTPATIENT MENTAL HEALTH TO INCLUDE HOME</b> One hour of therapy, no more than two times each week (when medically necessary).	For care provided prior to April 1, 2001, \$10 copayment for individual visits and/or \$6 copayment for group visits.  For care provided on or after April 1, 2001, \$0.	For care provided prior to April 1, 2001, \$20 copayment for individual visits and/or \$12 copayment for group visits.  For care provided on or after April 1, 2001, \$0.	\$25 copayment for individual visits.  \$17 copayment for group visits.		

IV. OUTPATIENT SERVICES: (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
SEE NOTE 8: TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
PRESCRIPTION DRUGS					Not Applicable
RETAIL NETWORK	\$3 copayment per 30-day Rx up to a 90-day supply of generic drug, \$9 per 30-day Rx up to a 90-day supply of a brand name drug.	\$3 copayment per 30-day Rx up to a 90-day supply of generic drug, \$9 per 30-day Rx up to a 90-day supply of a brand name drug.	\$3 copayment per 30-day Rx up to a 90-day supply of generic drug, \$9 per 30-day Rx up to a 90-day supply of a brand name drug.	<u>Deductible:</u> None.  <u>Cost-Share:</u> Same as TRICARE Prime Program.	
RETAIL NON-NETWORK	<u>Deductible:</u> See Chapter 2, Section 4.  <u>Co-Pay:</u> 50% of the allowable charge.	<u>Deductible:</u> See Chapter 2, Section 4.  <u>Co-Pay:</u> 50% of the allowable charge.	<u>Deductible:</u> See Chapter 2, Section 4.  <u>Co-Pay:</u> 50% of the allowable charge.	Not Applicable	<u>Deductible:</u> Yes-Standard.  <u>Cost-Share:</u> \$9 or 20%, whichever is greater, of the allowable charge.
NATIONAL MAIL ORDER PHARMACY (NMOP)	\$3 copayment per Rx up to a 90-day supply of a generic drug, \$9 per Rx up to a 90-day supply of a formulary brand name drug.	\$3 copayment per Rx up to a 90-day supply of a generic drug, \$9 per Rx up to a 90-day supply of a formulary brand name drug.	\$3 copayment per Rx up to a 90-day supply of a generic drug, \$9 per Rx up to a 90-day supply of a formulary brand name drug.	<u>Deductible:</u> None.  <u>Cost-Share:</u> Same as TRICARE Prime Program.	Not Applicable
AMBULATORY SURGERY (same day) Authorized hospital-based or freestanding ambulatory surgical center that is TRICARE certified.	For care provided prior to April 1, 2001, \$25 copayment.  For care provided on or after April 1, 2001, \$0 copayment.	For care provided prior to April 1, 2001, \$25 copayment.  For care provided on or after April 1, 2001, \$0 copayment.	\$25 copayment	<b>Active Duty Family Members:</b> Cost-share - \$25 cost-share for Ambulatory Surg.  <b>Retirees, their Family Members &amp; Survivors:</b> Cost-share 20% of the fee negotiated by the contractor.	<b>Active Duty Family Members:</b> \$25.  <b>Retirees, their Family Members &amp; Survivors:</b> Lesser of 25% of group rate or 25% of billed charge.

IV. OUTPATIENT SERVICES: (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
SEE NOTE 8: TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
IMMUNIZATIONS (See Note 6:) Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations.	For care provided prior to April 1, 2001, \$6 copayment per visit. (See Note 2:)  For care provided on or after April 1, 2001, \$0 copayment per visit.	For care provided prior to April 1, 2001, \$12 copayment per visit. (See Note 2:)  For care provided on or after April 1, 2001, \$0 copayment per visit.	Not covered under Prime.	Active Duty Family Members: Cost-share 15% of the fee negotiated by the contractor.  Retirees, their Family Members & Survivors: Not covered under TRICARE Extra.	Active Duty Family Members: Cost-share 20% of the allowable charge.  Retirees, their Family Members & Survivors: Not covered under TRICARE Standard.
EYE EXAMINATIONS (See Note 6:) One routine examination per year for family members of active duty sponsors.	For care provided prior to April 1, 2001, \$6 copayment per examination. (See Note 2:)  For care provided on or after April 1, 2001, \$0 per examination.	For care provided prior to April 1, 2001, \$12 copayment per examination. (See Note 2:)  For care provided on or after April 1, 2001, \$0 per examination.	Not covered under Prime. (See Note 6:)		

NOTE 6: Additional immunizations and eye examinations are covered under the TRICARE Prime Program's "clinical preventive services". See the Policy Manual, [Chapter 1, Section 10.1A](#).

CLINICAL PREVENTIVE SERVICES (SEE NOTES 5 AND 6)	BENEFICIARY COPAYMENT
TYPE OF SERVICE	TRICARE PRIME PROGRAM
	ALL BENEFICIARIES CATEGORIES
<b>CLINICAL PREVENTIVE SERVICES</b> Includes those services listed in the Policy Manual, <a href="#">Chapter 1, Section 10.1A</a> .	No copayment. (See Note 6.)

NOTE 7: No copayment may be collected for these services when they are billed and provided as specified in the Policy Manual, [Chapter 1, Section 10.1A](#).

NOTE 8: No enhanced outpatient benefits under the TRICARE Extra Program.

## V. INPATIENT SERVICES

TRICARE STANDARD BENEFITS (SEE NOTE 9:)	BENEFICIARY COPAYMENT/COST-SHARE			
	TRICARE PRIME PROGRAM		TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
NOTE 9: No enhanced inpatient benefits under the TRICARE Prime or Extra programs.				
<b>HOSPITALIZATION</b> Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service. Includes inpatient physician and their surgical services, meals including special diets, drugs and medications while an inpatient, operating and recovery room, anesthesia, laboratory tests, x-rays and other radiology services, necessary medical supplies and appliances, blood and blood products. Unlimited services with authorization, as medically necessary.	For care provided prior to April 1, 2001, \$11 per diem charge (\$25 minimum charge per admission).  For care provided on or after April 1, 2001, \$0 per diem per admission.  No separate copayment/ cost-share for separately billed professional charges.	\$11 per diem charge (\$25 minimum charge per admission).          No separate copayment/ cost-share for separately billed professional charges.	<b>Active Duty Family Members:</b> Per diem charge (\$25 minimum charge per admission). No separate cost-share for separately billed professional charges.  <b>Retirees, their Family Members &amp; Survivors:</b> \$250 per diem copayment or 25% cost-share of total charges (based on the fee schedule negotiated by the contractor), whichever is less, for institutional services, whichever is less, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	<b>Active Duty Family Members:</b> Per diem charge (\$25 minimum charge per admission). No separate cost-share for separately billed professional charges.  <b>Retirees, their Family Members &amp; Survivors:</b> Per diem copayment or 25% cost-share of billed charges for institutional services, whichever is less, plus 25% cost-share of allowable for separately billed professional charges.
<b>MATERNITY</b> Hospital and professional services (prenatal, postnatal). Unlimited services with authorization as medically necessary.				



V. INPATIENT SERVICES (Continued)

TRICARE STANDARD BENEFITS (SEE NOTE 9:)	BENEFICIARY COPAYMENT/COST-SHARE			
	TRICARE PRIME PROGRAM		TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
<b>SKILLED NURSING FACILITY CARE</b> Same benefit as under Medicare except that there is no day limits under TRICARE. Benefit includes semiprivate room, regular nursing services, meals including special diets, physical, occupational and speech therapy, drugs furnished by the facility, necessary medical supplies, and appliances.	For care provided prior to April 1, 2001, \$11 per diem charge (\$25 minimum charge per admission).  For care provided on or after April 1, 2001, \$0 per diem charge per admission.  No separate copayment/cost-share for separately billed professional charges.	\$11 per diem charge (\$25 minimum charge per admission).          No separate copayment/cost-share for separately billed professional charges.	<b>Active Duty Family Members:</b> Per diem charge (\$25 minimum charge per admission).  <b>Retirees, their Family Members &amp; Survivors:</b> \$250 per diem copayment or 20% cost-share of total charges (based on the fee schedule negotiated by the contractor), whichever is less, for institutional services, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	<b>Active Duty Family Members:</b> Per diem charge (\$25 minimum charge per admission).  <b>Retirees, their Family Members &amp; Survivors:</b> 25% cost-share of allowed charges for institutional services, plus 25% cost-share of allowable for separately billed professional charges.

V. INPATIENT SERVICES (Continued)

TRICARE STANDARD BENEFITS (See NOTE 9:)	BENEFICIARY COPAYMENT/COST-SHARE			
	TRICARE PRIME PROGRAM		TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
<b>FOR MENTAL ILLNESS</b> With authorization, up to 30 days per fiscal year for adults (age 19+), up to 45 days per fiscal year for children under age 19; up to 150 days residential treatment for children and adolescents.	For care provided prior to April 1, 2001, \$20 per diem charge (\$25 minimum charge per admission).	\$40 per diem charge.	<b>Active Duty Family Members:</b> \$20 per diem charge (\$25 minimum charge per admission).	<b>Active Duty Family Members:</b> \$20 per diem charge (\$25 minimum charge per admission).
<b>SUBSTANCE USE TREATMENT (Inpatient, partial)</b> With authorization, 7 days for detoxification and 21 days for rehabilitation per 365 days. Maximum of one rehabilitation program per year and three per lifetime. Detoxification and rehabilitation days count toward limit for mental health benefits.	For care provided on or after April 1, 2001, \$0 per diem charge per admission.		<b>Retirees, their Family Members &amp; Survivors:</b> 20% cost-share of total charges (based on the fee schedule negotiated by the contractor) for institutional services, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	<b>Retirees, their Family Members &amp; Survivors:</b> <b>Inpatient High Volume Hospital:</b> 25% hospital specific per diem. <b>Inpatient Low Volume Hospital:</b> <u>Lower</u> of fixed daily amount or 25% hospital billed charges. <b>RTC:</b> 25% of the TRICARE allowed amount.
<b>PARTIAL HOSPITALIZATION-MENTAL HEALTH</b> With authorization, up to 60 days per fiscal year (minimum of 3 hours/day of therapeutic services).	No separate copayment/cost-share for separately billed professional charges.	No separate copayment/cost-share for separately billed professional charges.		<b>Partial Hospitalization:</b> 25% of the TRICARE allowed amount. Plus, 25% cost-share of allowable charges for separately billed professional charges.

VI. POINT OF SERVICE

TRICARE STANDARD BENEFITS (SEE NOTE 9:)	BENEFICIARY COPAYMENT/COST-SHARE			
	TRICARE PRIME PROGRAM		TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS		
A Prime enrollee may receive services under the Point of Service option by self-referring for non-emergency care. Refer to <a href="#">Chapter 2, Section 4</a> , for policy on the Point of Service option.	<b><u>Outpatient Deductible:</u></b> \$300.00 individual \$600.00 family.  <b><u>Inpatient and Outpatient Cost-Share:</u></b> 50% of the allowed charges (See <a href="#">Note 10</a> :).	<b><u>Outpatient Deductible:</u></b> \$300.00 individual \$600.00 family.  <b><u>Inpatient and Outpatient Cost-Share:</u></b> 50% of the allowed charges (See <a href="#">Note 10</a> :).	Point of Service Option does NOT apply to TRICARE Extra beneficiaries.	Point of Service Option does NOT apply to TRICARE Standard beneficiaries.
NOTE 10: TRICARE reimbursement will be limited to 50% of the billed/allowed charges.				

Refer to [Chapter 2, Section 2](#) for information on catastrophic loss protection.

